

<b>DECLARATION FOR UTILITY OR DESIGN</b> <b>PATENT APPLICATION</b> <b>(37 C.F.R. 1.63)</b> <b>COMBINED WITH POWER OF ATTORNEY</b>	Attorney Docket No.	9129L
	First Named Inventor	Jandacek et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	October 31, 2003
	Group Art Unit	
	Examiner Name	
	Confirmation Number	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled Compositions, Methods, and Kits Useful For The Alleviation Of Gastrointestinal Effects the specification of which

(check one) ☒ is attached hereto.  
☐ was filed on \_\_\_\_\_ (MM/DD/YYYY) as United States  
 Application No. or PCT International Application Serial No. \_\_\_\_\_  
 and was amended on \_\_\_\_\_  
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
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I hereby appoint Practitioners at Customer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>			
Given Name Ronald James Jandacek (first and middle [if any])		Family Name Ronald James Jandacek Or Surname	
Inventor's Signature <i>Ronald James Jandacek</i>		Date Oct 31, 2003	
Residence: City Cincinnati	State OH	Country US	Citizenship US
Mailing Address: 8746 Hollyhock Drive			
City Cincinnati	State OH	Zip (or Postal Code) 45231	Country US

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9129L

<b>NAME OF SECOND INVENTOR:</b>			
Given Name William Randall Francis (first and middle [if any])		Family Name William Randall Francis Or Surname	
Inventor's Signature		Date	
Residence:   City Cincinnati	State OH	Country US	Citizenship US
Mailing Address: 3910 Powner Road			
City Cincinnati	State OH	Zip (or Postal Code) 45248	Country US

<b>NAME OF THIRD INVENTOR:</b>			
Given Name Gary Robert Kelm (first and middle [if any])		Family Name Gary Robert Kelm Or Surname	
Inventor's Signature		Date	
Residence:   City Cincinnati	State OH	Country US	Citizenship US
Mailing Address: 8524 Althaus Road			
City Cincinnati	State OH	Zip (or Postal Code) 45247	Country US

<b>NAME OF FOURTH INVENTOR:</b>			
Given Name Bryn (NMN) Hird (first and middle [if any])		Family Name Bryn (NMN) Hird Or Surname	
Inventor's Signature		Date	
Residence:   City Cincinnati	State OH	Country US	Citizenship Great Britain
Mailing Address: 8519 Eagle Creek			
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<b>NAME OF FIFTH INVENTOR:</b>			
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<b>NAME OF THIRD INVENTOR:</b>			
Given Name Gary Robert Kelm (first and middle [if any])		Family Name Gary Robert Kelm Or Surname	
Inventor's Signature <i>Gary Robert Kelm</i>		Date 10/31/03	
Residence: City Cincinnati	State OH	Country US	Citizenship US
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Page 2 of 2

9129L DeclWithCustomer/Number.doc

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Inventor's Signature <i>Bryn Hird</i>		Date October 31, 2003	
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